What we intended to discuss on the conference call 5/5/06.

We have had several questions asked concerning MRSIS and HIPAA compliance. Specifically, with data being collected electronically by the Division of MR, really for the first time since we stopped using MRSUDS, a few providers were concerned that they might violate HIPAA if they submitted data via MRSIS or scanned documents into MRSIS. In fact, MRSIS is very HIPAA secure. You don't actually "send" any information. Rather, you have a license and a security level that allows you to get into specific content areas, in which you can enter data and/or scan information. That content area can interact with the rest of the system so that data is available where it needs to be, but others can see the data about your client only if they have specific security. There is no email transmission involved, and the Harmony ASP is extremely secure.

We have been told that some providers are under the impression they will be required to bill every week, and their concern was that billing every week rather than once per month would increase their staff cost. MRSIS does not require providers to bill every week. The provider can bill once per week, once per month, twice per month, or every day. You can follow your current business practice or you can examine the options and see if there is an advantage in changing your current practice.

We have heard some concern about case managers not being able to get access to high speed internet access in certain localities. Our first response has been to send out a survey to providers of case management, in order to quantify the problem. We believe it is not a widespread problem, but the survey will give us much more precise information. Second, both the technology and availability of high speed internet access is advancing rapidly, so it is probable that by this time next year, it will be even more available than it is today. Third, we would suggest that, since the MRSIS license will be specific to the person rather than to the computer, the case manager without the high speed access can travel to a computer that does have such access, for as long as it takes for the technology to become available in that case manager's base of operations.

We wanted to ask those providers who have had a site visit from the Substance Abuse Division and/or Becky Novak, whether they thought such a discussion could take place in a group setting. The sites previously visited are mostly Comprehensive 310 Agencies, and we would like to get their thoughts on this topic, because in June, the Division intends to schedule a meeting in each region to conduct the same sort of information sharing sessions, but in a group of provider agencies. There is a tremendous logistical advantage for the Division in doing this, but there also may be an advantage for the provider agencies in hearing the issues and solutions posed by agencies other than their own.

Our Contracts for FY '07 will be coming to you fairly soon, and need to be back to the Contracts Office by June 16th. The format of the contract will be the usual, but with two exhibits. The first exhibit will be the same as before, but it will only contain one quarter's worth of units and match money, and will only apply to services provided in September, October and November, 2006. The second exhibit will be the exhibit that will go into

effect January 1, 2007, and will apply to services provided December 1, 2006 and thereafter. The second exhibit will not contain dollars or units; rather it will reference payments made for services contained in prior authorizations, which are provided and billed through MRSIS. This second exhibit may take longer to complete than the rest of the contract, if so, it will be added by amendment before October 1, 2006.

On the next conference call (we assume Bell South can fix their problems before then), scheduled for May 19th, we intend to talk about the data elements required for MRSIS, phase 1. We intend to post the lists of data on the website, and suggest you look at these elements before the next call. Specifically, the data elements are in categories, as follows:

1. Demographic (the data elements required are primarily those currently required for the criticality summary).
2. Contacts (this is partly new – family and guardian data is currently submitted on paper, but MRSIS will standardize the content and format)
3. Diagnoses (this is new, but the data required is very limited)
4. Criticality Assessment (the same, but slightly less information, than is currently entered on paper in the Criticality Summary)
5. Eligibility (this includes certain specific data from the ICAP Compuscore plus an IQ score. Currently the case manager has to pull these data from the Compuscore and use them to complete an eligibility worksheet. In MRSIS, the case manage will simply enter the specific data into an assessment page, and MRSIS will complete the eligibility worksheet—and give the case manager the results.)